

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

OMB Number: 3235-0076

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# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIC

Name of Offering (Agricheck if this is an amendment and name has changed, and indicate change.)	03074302
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Jubilee Housing Limited Partnership	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2482 Ontarion Road, NW, Washington DC, 20009	(202) 299-1240
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PDGG-
Ownership of Multifamily Rental Property	TOUESSED
Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed	lease specify):  I TOW SOM  FINANCE:  1 TOWN SOM  FINANCE:  FINANCE:  1 TOWN SOM  FINANCE:  FI
Month Year  Actual or Estimated Date of Incorporation or Organization: 3 03 Actual Estin  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	nated

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer / Director General and/or Managing Partner Full Name (Last name first, if individual) JHI Building, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2482 Ontario Road, NW, Washington DC, 20009 Check Box(es) that Apply: ✓ Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) The Housing Outreach Fund XI Limited Partnership Business or Residence Address (Number and Street, City, State, Zip Code) 10227 Wincopin Circle, Suite 810, Columbia, MD 21044 Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

	B. INFORMATION ABOUT OFFERING												
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No				
••	Answer also in Appendix, Column 2, if filing under ULOE.								<del>L</del>	(A)			
2.									\$0.0	0			
3.	Does th	ne offering	permit join	t ownershi	n of a sing	le unit?						Yes	No 🗷
4.	Enter th	he informa	tion request	ed for eac	h person v	vho has bee	en or will b	e paid or	given, dire	ctly or ind	irectly, any	لنسك	
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	l Name (	Last name	first, if ind		PPLICAB	LE							
Bus	iness or	Residence	Address (N				Zip Code)		<del></del>				
Nan	na af Aa	coninted D	roker or De	olar.									
INAII	ne of As	sociated bi	oker of De	aler									
Stat			Listed Has										
	(Check	"All State:	s" or check	individual	States)	***************************************		******************				☐ Al	l States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{WV}$	WI	WY	PR
Full	l Name (	Last name	first, if indi	vidual)				-					
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						<del></del>
Nan	ne of As	sociated Bi	roker or De	aler								-	
Stat	es in W/	vich Person	Listed Has	Solicited	or Intends	to Solicit	Durchasars						
Siai			s" or check							******	***************************************	AI:	l States
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH		OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	l Name (	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)	-					
Nan	ne of As	sociated Br	oker or De	aler									
Stat	es in W	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)								☐ Al	l States				
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  Type of Security		Amount Already Sold
		C	
	Debt		
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests	\$ <u>7,447,000.00</u>	\$_0.00
	Other (Specify)	\$	\$
	Total	\$_7,447,000.00	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 7,447,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	1	\$ 7,447,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_20,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	_	\$ 20,000.00

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of a proceeds to the issuer set forth in response to Part of	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		<b>]</b> \$	\$ 1500000
	Purchase, rental or leasing and installation of mach	hinery		
	and equipment		] \$	5 037 000 00
	Construction or leasing of plant buildings and facil		] \$	\$ 5,927,000.00
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	- r	
		_		-
	Repayment of indebtedness	<del>-</del>	_	_
	Working capital		_	<del></del>
	Other (specify):		<b></b>	s
			<b>\$</b>	
	Column Totals	[	\$ 0.00	<b>/</b> \$ 7,427,000.00
	Total Payments Listed (column totals added)		<b>∠</b> \$ <u>7</u> ,	427,000.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furr information furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commis	sion, upon writte	
Iss	uer (Print or Type)	Signature / /	Date	
	bilee Housing Limited Partnership		December , 20	05
Na	me of Signer (Print or Type)	Title of Signer (Print or Pype)		
Jar	nes Knight	Executive Manager of General Partner		
_		L		

---- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>X</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	//	
Issuer (Print or Type)	Signature	Date
Jubilee Housing Limited Partnership	/ / am/ Il	December , 2005
Name (Print or Type)	Title (Print or Type)	
James Knight	Executive Manager of General Partner	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part C-Item 2) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No ALAK ΑZ AR CACO CT× DE DC FL GA HI ID IL IN IA KS KY LA ME \$7,447,000. 0 MD X X MA ΜI MN MS

**APPENDIX** 1 2 3 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VTVA WA wv WI

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APPENDIX										
1 2 3				4				5 Disqualification		
Intend to sell and to non-accredited offer investors in State offer			Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		(if yes, explan waiver	ate ULOE, attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										